

to-date Law Library, using computerized and hard copy resources is available to inmates who have a case pending. These inmates must sign up to use these resources on the Sunday prior to the new work week. Any copies or computer printouts will cost 10 cents each. This cost will be deducted from your inmate account.

RELIGIOUS SERVICES

A non-denominational service is held every Sunday in the Facility. There are also bible study classes on Wednesday evenings. Ministers, priests and rabbis are permitted to visit inmates for personal religious interviews. All individuals conducting religious classes, services, counseling or personal interviews must be ordained accredited clergy with verifiable credentials. The clergy member and their visit to the Facility must also be approved by the Warden or his designee in advance.

EDUCATIONAL PROGRAMS

The Washington County Correctional Facility has programs to prepare you for your General Educational Diploma. It is possible for you to be tested and receive your high school equivalency diploma while in this Facility. There is also a literacy program where a qualified tutor will work along with you to improve your reading skills. We encourage all inmates who have not graduated from high school to participate. Contact your counselor for eligibility information.

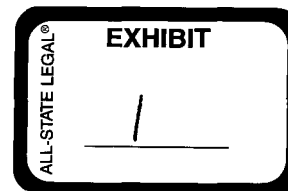
INMATE GRIEVANCE PROCEDURES

A procedure has been established where you, as an inmate, may exercise your grievance rights. The following guidelines will help you to exercise these rights:

1. Any violations of Facility policy by a staff member.
2. Any unauthorized or excessive use of force by staff members.
3. Any unsafe conditions existing within the Facility.
4. Any unfair disciplinary action taken against you.

You have the right to file grievances without fear of retaliation from the Facility staff. If you have a grievance you must first make every attempt to resolve the problem by discussing it with your Housing Unit Officer and/or the Shift Commander. If you are still not satisfied, you may submit a Formal Grievance to the Deputy Warden of Security. The following shall be the content of the Formal Grievance form:

1. The nature of the complaint
2. The statement should be direct and to the point
3. Indicating date, time and location of incident
4. State the rule governing the grievance
5. Date grievance is being filed
6. Inmates signature



The formal grievance must be filed within five working days of the circumstances or incident having taken place. The Housing Unit Officer and or the Shift Commander that receives the written grievance will sign off on it and forward it to the Deputy Warden of Security for disposition of the grievance. If you are not satisfied with the decision of the Deputy Warden of Security regarding your grievance, you may file an appeal to the Warden within two working days of receiving the Deputy Warden of Security's decision. The Warden will review your appeal and return a written response to you within five working days of receiving your appeal. **THE DECISIONS OF THE WARDEN ARE FINAL.**

INMATE RELEASE PROCEDURE

The Washington County Correctional Facility will be notified by the proper authorities when you are to be released. No release will be considered official until the Facility receives the actual release documents and it has been processed through our Records Department. When your release documents have been received and processed, your name will be called by the Housing

WASHINGTON COUNTY CORRECTIONAL FACILITY
FORMAL INMATE GRIEVANCE
(forward to Deputy of Operations)

NAME: CHRIS IRWIN	STAFF MEMBER: NURSE ESTHER
DATE: 8/21/02	P.I.N.
EXACT HOUSING:	PERMANENT # WCP-

NATURE OF GRIEVANCE:

NURSE Refuses me motrin / ~~TYLENOL~~ for
 Headache most of the time.

I asked for them on 8/21/02 for
 A head ache AND I was Refused.
 RULE BOOK STATES.

Generic ANALGESICS ARE AVAILABLE during medication PASS.

I verify that I have presented this grievance to my Housing Officer and the Captain with out resolution.

INMATE SIGNATURE: Chris Irwin

HOUSING OFFICER SIGNATURE: Joshua J. Rush

ANSWER

DATE: 8-21-02	TIME:	BY:
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APPROVAL/DISAPPROVAL:

REASON: The rule of dispensing analgesics during med pass is for ONLY during the morning pass, and this maybe requested by signing up with your C.O. prior to med delivery. For rest at times other than morning you may order them from

ADDITIONAL INSTRUCTIONS OR COMMENTS: commissary to use at any time you would like. This week you ordered \$34.75 of food products on commissary but NO Tylenol or

SIGNATURE: Motrin. If you want them, you need to order them.

COMPLETION

I HAVE INSTITUTED THE INSTRUCTIONS PER ABOVE BY:

SIGNATURE:	DATE:	TIME:
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UPMC HEALTH SYSTEM

200 Lothrop Street
Pittsburgh, PA 15213-2582

INPATIENT DISCHARGE INSTRUCTIONS

Date: 7-7-02 Time: 1600Discharge diagnosis: S/P MVA

202 54 9085 PUH G0819 01
 IRWIN, CHRISTOPHER D
 TOWNSEND, RICARD N GNS
 104 2188 07/07/02
 787 REGENT DRIVE
 WASHINGTON PA 15301 RUN H
 724 225 9144 03/27/73 29Y
 PRIVATE PAY

IMPRINT PATIENT IDENTIFICATION PLATE HERE

In the hospital your treatment was:

AS SOON AS POSSIBLE, PLEASE CALL TO MAKE APPOINTMENTS:

Tests/Physician/Clinic/Agency	Reason	Where	When	Phone
TRAUMA CLINIC	follow-up	as needed	6483167	

☐ NO MEDICATIONS PRESCRIBED☒ SEE MEDICATION SCHEDULE FOR A LIST OF YOUR MEDICATIONS

INSTRUCTIONS

DIET: ☐ No Restrictions ☐ Restrictions

List: _____

ACTIVITY: ☐ No Restrictions ☒ Restrictions

- ☒ Walking as tolerated
☒ Lifting no lifting 74-516C
☒ Stairs as tolerated
☒ Driving as per med, none
☒ Work as per comfort
☒ Riding in Car as per comfort
☒ Sexual Activity as per comfort
☐ Special Exercises no strenuous activities

WOUND/SKIN CARE: keep incisions covered
dry/ intact, observe for swelling,
drainage, redness, contact
md if any occur

HOME SERVICES:

Home Health Agency: _____

Phone: _____

Date of First Visit: _____

Name of Equipment Supplier: _____

Phone: _____

Equipment and Supplies: _____

SPECIAL INSTRUCTIONS: Contact md if develop dizziness, shortness
of breath, chest pain severe H/A or abdominal pain
or distention, numbness coldness or tingling of any extrem.
follow with outpatient PT/OT

Please call nursing unit if questions arise regarding this discharge form; otherwise contact your physician.

Date: 7-7-02 Unit: 8G Unit Phone: 6473086LPN Name (print): M. G. G. G. LPN Signature: _____RN Name (print): M. G. G. G. RN Signature: _____Patient/Significant Other Signature: M. G. G. G. Date: 7-7-02

My signature indicates that I understand the above information and I am leaving with all of my valuables/belongings.



WASHINGTON COUNTY CORRECTIONAL FACILITY REFUSED MED. CARI	
Inmate Name: <u>Twin-Christopher</u>	Date: <u>8-23-01</u>
Housing Unit: <u>4W</u>	P.I.N.
Medical Staff Name:	Permanent WCP #
REASON FOR REFUSAL:	
<p>The DO feels you have not been on the medication long enough to make any adjustments. Mental Health has already done their evaluation with NO medication indicated.</p>	
SIGNATURE: <u>CM RAS</u>	

AUG 02 2002 12:42

W.C.C.F. CLINIC

7242506507

JRW

P. 1

Post-It Fax Note	7871	Date	8-2-02	# of pages	2
To	U.P.M.C. Med Records	From	Cheryl		
Cc/Dept	Med Records	Oa	Wash. Co Jail		
Phone #		Phone #	724-229-6047		
Fax #	412-647-8733	Fax #	724-250-6507		

Please fax all X-ray reports (? 12 pages?) done
 P Eval post M.V.A. 7-7-02 -
 Needed for continued
 treatment at our facility
 (Dr here awaiting
 results to write
 further orders)

Thank you!

MARS University of Pittsburgh Electronic Medical Records System MARS

Name IRWIN CHRISTOPHER D
 MRN 202549085 PUH
 ASP # 6838191
 Physician TOWNSEND RICARD N
 Report Type Radiology Report
 Date of Event 07/08/02 16:00
 Date of Birth 03/27/1973
 Sex M
 Patient Status ... D
 Last Adm Date 07/08/02 00:01
 Last Disch Date .. 07/08/02 18:46
 SP# 6838191
 Procedure by 004615 BRITTON CYNTHIA ;
 Account # 00201851042188
 Diagnosis RULE OUT FRACTURE
 Exam Type PUE335

WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

BILATERAL SHOULDER: 7-8-02 AT 1600 HRS

HISTORY: PAIN.

RIGHT SHOULDER:

AP, oblique, and axillary views of the shoulder were obtained. The glenohumeral and AC joints are normal. No Hill-Sachs and Bankhart deformity is seen.

IMPRESSION:
 NEGATIVE RIGHT SHOULDER.
 END OF IMPRESSION:

LEFT SHOULDER:

AP, oblique, and axillary views of the shoulder were obtained. The glenohumeral and AC joints are normal. No degenerative or erosive change is seen.

IMPRESSION:
 NEGATIVE SHOULDER.

j8

END OF IMPRESSION:

MARS University of Pittsburgh Electronic Medical Records System MARS

Name IRWIN CHRISTOPHER D
 MRN 202549085 PUH
 ASP # 6834842
 Physician PHRAMPUS PAUL E
 Report Type Radiology Report
 Date of Event 07/07/02 03:29
 Date of Birth 03/27/1973
 Sex M
 Patient Status ... I
 Last Adm Date 07/08/02 00:01
 Last Disch Date .. 07/08/02 18:46
 SP# 6834842
 Procedure by 012441 GRAHOVAC STEPHEN Z ;
 Account # 00201851042188
 Hosp/Group PUH
 Diagnosis 959.8
 Exam Type CT CCT111

WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

CT SCAN OF THE HEAD: 7-7-02 0329 HOURS

HISTORY: TRAUMA. RESTRAINED DRIVER.

COMPARISON: NONE.

TECHNIQUE: Axial images were obtained from the base to the vertex.

FINDINGS: There is no evidence of recent intracranial hemorrhage or focal intracranial abnormality. The ventricles and subarachnoid spaces are appropriate for age. The orbits are unremarkable. No skull fractures are currently identified. The paranasal sinuses and mastoid air cells are clear.

IMPRESSION:
 NO ACUTE INTRACRANIAL ABNORMALITY DEMONSTRATED.

J7

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

END OF IMPRESSION:

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MARS      University of Pittsburgh Electronic Medical Records System      MARS
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Name ..... IRWIN CHRISTOPHER D
MRN ..... 202549085 PUH
ASP # ..... 6834844 6834858
Physician ..... PHRAMPUS PAUL E
Report Type ..... Radiology Report
Date of Event .... 07/07/02 03:29
Date of Birth .... 03/27/1973
Sex ..... M
Patient Status ... D
Last Adm Date .... 07/08/02 00:01
Last Disch Date .. 07/08/02 18:46
SP# ..... 6834844
Procedure by ..... 043415 THAETE FRANK LELAND ;007573 BALLESTERO JULIANA ;
Account # ..... 00201851042188
Diagnosis ..... 959.8
Exam Type ..... MX-CT CCT800 CCT168
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WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

CT CHEST, ABDOMEN AND PELVIS: 7/7/02 AT 0329 HOURS

HISTORY: TRAUMA. MVA, UNRESTRAINED DRIVER.

TECHNIQUE: Following IV contrast administration, 5mm axial images were obtained through the chest, abdomen and pelvis.

FINDINGS:

The lungs and pleural spaces are clear. The heart and mediastinal structures are normal. There is no evidence of mediastinal hematoma or lymphadenopathy. Vascular and osseous structures are unremarkable.

*ABDOMEN:

The liver, spleen, gallbladder, pancreas, adrenal glands, and kidneys are normal in size and contour. There is no evidence of traumatic injury to these structures.

The stomach, small bowel and colon are normal in appearance. No free fluid or free air is seen. No lymphadenopathy is present. Vascular and osseous structures are normal.

*PELVIS:

A Foley catheter is present within a decompressed bladder. No free fluid is seen. No lymphadenopathy is seen. Vascular and osseous structures are unremarkable.

IMPRESSION:

*CHEST:

NO EVIDENCE OF TRAUMATIC INJURY.

*ABDOMEN:

NO EVIDENCE OF TRAUMATIC INJURY.

*PELVIS:

NO EVIDENCE OF TRAUMATIC INJURY.

J8

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

END OF IMPRESSION:

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MARS      University of Pittsburgh Electronic Medical Records System      MARS
-----
Name ..... IRWIN CHRISTOPHER D
MRN ..... 202549085 PUH
ASP # ..... 6834857 6834843 6834845 6834856
Physician ..... PHRAMPUS PAUL E
Report Type ..... Radiology Report
Date of Event .... 07/07/02 03:35
Date of Birth .... 03/27/1973
Sex ..... M
Patient Status ... I
Last Adm Date .... 07/07/02 02:42
SP# ..... 6834857
Procedure by ..... 044182 TOWERS JEFFREY D ;
Account # ..... 00201851042188
Hosp/Group ..... PUH
Diagnosis ..... 959.8 R/O FX
Exam Type ..... MX-LSPINE PSP200 CCT248 PTR001 PSP270
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WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

LUMBAR SPINE, T-SPINE, C-SPINE CT, TRAUMA SERIES 7-7-02 0335 HRS

HISTORY: MULTIPLE TRAUMA.

*TRAUMA SERIES:

C-SPINE: Four views include a lateral, AP open mouth odontoid, Swimmer's and AP view. No malalignment or evidence of fracture can be identified. The odontoid is incompletely seen but no abnormality can be seen in its appearance on the lateral view.

IMPRESSION:

NO ABNORMALITY OF THE CERVICAL SPINE.

PELVIS: A single AP view shows no evidence of a pelvic ring or hip fracture.

IMPRESSION:

NORMAL APPEARANCE OF THE PELVIS.

CHEST: A single AP view shows the heart size to be upper limits of normal. The azygos vein is distended consistent with aggressive hydration. No evidence for congestive failure can be seen. No displaced rib fracture, pneumothorax or other cardiomedial abnormality can be seen.

IMPRESSION:

BORDERLINE CARDIOMEGALY WITH DISTENTION OF THE AZYGOS VEIN.

*CERVICAL SPINE CT: Compared with the prior radiographs, the serial helical CT images from the skullbase through the mid C3 level show no abnormality of the odontoid. No evidence of fracture or other unstable injury.

IMPRESSION:

NORMAL APPEARANCE OF THE ODONTOID.

*T-SPINE: AP and lateral views were obtained. No paravertebral hematoma can be identified. No fracture can be seen.

IMPRESSION:

NORMAL APPEARANCE OF THE T-SPINE.

*L-SPINE: There is contrast in the renal collecting system. No evidence for an acute fracture can be identified.

IMPRESSION:
NO SIGNIFICANT ABNORMALITY.

J7

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

END OF IMPRESSION:

MARS University of Pittsburgh Electronic Medical Records System MARS

Name IRWIN CHRISTOPHER D
 MRN 202549085 PUH
 ASP # 6834861
 Physician PHRAMPUS PAUL E
 Report Type Radiology Report
 Date of Event 07/07/02 03:29
 Date of Birth 03/27/1973
 Sex M
 Patient Status ... I
 Last Adm Date 07/07/02 02:42
 SP# 6834861
 Procedure by 044182 TOWERS JEFFREY D ;
 Account # 00201851042188
 Hosp/Group PUH
 Diagnosis 959.8
 Exam Type CT CCT120

WARNING! You must protect this document as confidential medical record information. Please handle, store, and dispose appropriately.

SAGITTAL AND CORONAL REFORMATS OF C-SPINE 7-7-02 0329 HRS

Sagittal and coronal reformatted images of the original axial data were obtained. No abnormality to suggest an unstable injury can be identified. No fracture can be seen. Alignment is normal.

IMPRESSION:

NO ABNORMALITY BY SAGITTAL AND CORONAL PLANE REFORMATS OF AXIAL CT DATA.

J7

My signature below is attestation that I have interpreted this/these examination(s) and agree with the findings as noted above.

END OF IMPRESSION:

Name: IRWIN, CHRISTOPHER DALE
 Booking #: 02-01339
 PCP #: WCF-000703

Receipt #: 43683

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
10/8/2002 14:20:01	1001	LARGE STAMPED ENVELOPE	0.47	1	0.47 N

Sub-Total: 0.47
 Sales Tax: 0.00
 Total: 0.47

Receipt #: 43325

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
9/30/2002 22:05:13	0610	EXTRA STRENGTH TYLENOL 2-PK	0.70	2	1.40 N
9/30/2002 22:05:13	2016	NESCAFE COFFEE 4OZ.	3.30	1	3.30 N
9/30/2002 22:05:13	4035	REESES P/BUTTER CUP	0.65	1	0.65 N

Sub-Total: 5.35
 Sales Tax: 0.00
 Total: 5.35

Receipt #: 42317

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
9/10/2002 13:57:29	0007	BALSAM SHAMPOO 12 OZ	1.20	1	1.20 N
9/10/2002 13:57:29	0008	BALSAM CONDITIONER 12 OZ	1.20	1	1.20 N
9/10/2002 13:57:29	0598	ANESTHETIC ORAL GEL .5 OZ	1.60	1	1.60 N
9/10/2002 13:57:29	0610	EXTRA STRENGTH TYLENOL 2-PK	0.70	3	2.10 N
9/10/2002 13:57:29	0760	COTTON SWABS 90CT BOX	1.00	1	1.00 N
9/10/2002 13:57:29	1010	#10 WHITE ENVELOPE	0.05	5	0.25 N
9/10/2002 13:57:29	1050	BOOK OF TEN STAMPS	4.00	1	4.00 N
9/10/2002 13:57:29	3010	2.5OZ CHOC. CHIP COOKIES	0.60	4	2.40 N
9/10/2002 13:57:29	4001	M&M PEANUT	0.65	4	2.60 N
9/10/2002 13:57:29	4020	PAYDAY	0.65	3	1.95 N
9/10/2002 13:57:29	4031	TWIX BAR	0.65	2	1.30 N
9/10/2002 13:57:29	4035	REESES P/BUTTER CUP	0.65	3	1.95 N
9/10/2002 13:57:29	4135	JOLLY RANCHERS ASST. 3.7O	0.80	2	1.60 N
9/10/2002 13:57:29	6000	RAMAN NOODLE CHICKEN	0.57	5	2.85 N
9/10/2002 13:57:29	6002	RAMAN NOODLE BEEF	0.57	5	2.85 N
9/10/2002 13:57:29	6004	RAMAN NOODLE TEXAS BEEF	0.57	5	2.85 N
9/10/2002 13:57:29	6006	RAMAN NOODLE ORENTIAL	0.57	5	2.85 N
9/10/2002 13:57:29	6150	KEEFE 10OZ NACHO CHIPS	1.75	1	1.75 N
9/10/2002 13:57:29	6155	KEEFE 13OZ CORN CHIPS	1.75	2	3.50 N
9/10/2002 13:57:29	6160	POTATO CHIPS 6OZ BAG	1.55	1	1.55 N
9/10/2002 13:57:29	6165	BBQ CHIPS 5.5OZ.	1.55	1	1.55 N
9/10/2002 13:57:29	6312	BEEF SUMMER SAUSAGE 3 OZ	1.45	1	1.45 N
9/10/2002 13:57:29	6424	JALAPENO CHEESE SQUEEZERS 16OZ	3.00	1	3.00 N
9/10/2002 13:57:29	6519	SALT - SINGLE PACKET	0.02	15	0.30 N

Sub-Total: 47.65
 Sales Tax: 0.00
 Total: 47.65

Receipt #: 41952

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
9/2/2002 22:05:08	3010	2.5OZ CHOC. CHIP COOKIES	0.60	2	1.20 N
9/2/2002 22:05:08	6519	SALT - SINGLE PACKET	0.02	15	0.30 N

Sub-Total: 1.50
 Sales Tax: 0.00
 Total: 1.50

Receipt #: 41666

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
8/26/2002 09:30:49	3010	2.5OZ CHOC. CHIP COOKIES	0.60	2	1.20 N
8/26/2002 09:30:49	3110	5.25OZ CLUB CRACKERS	1.15	1	1.15 N
8/26/2002 09:30:49	3214	CHOCOLATE FUDGE BROWNIE 3 OZ.	0.80	2	1.60 N
8/26/2002 09:30:49	4001	M&M PEANUT	0.65	3	1.95 N
8/26/2002 09:30:49	4020	PAYDAY	0.65	3	1.95 N
8/26/2002 09:30:49	4035	REESES P/BUTTER CUP	0.65	2	1.30 N
8/26/2002 09:30:49	6000	RAMAN NOODLE CHICKEN	0.57	3	1.71 N
8/26/2002 09:30:49	6002	RAMAN NOODLE BEEF	0.57	4	2.28 N

Name: IRWIN, CHRISTOPHER DALE
 Booking #: 02-01339
 PCP #: WCF-000703

Receipt #: 41666

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
8/26/2002 09:30:49	6004	RAMAN NOODLE TEXAS BEEF	0.57	4	2.28 N
8/26/2002 09:30:49	6005	RAMAN NOODLE CHILI	0.57	5	2.85 N
8/26/2002 09:30:49	6006	RAMAN NOODLE ORENTIAL	0.57	4	2.28 N
8/26/2002 09:30:49	6150	KEEFE 10OZ NACHO CHIPS	1.75	1	1.75 N
8/26/2002 09:30:49	6155	KEEFE 13OZ CORN CHIPS	1.75	1	1.75 N
8/26/2002 09:30:49	6165	BBQ CHIPS 5.5OZ.	1.55	1	1.55 N
8/26/2002 09:30:49	6312	BEEF SUMMER SAUSAGE 3 OZ	1.45	1	1.45 N
8/26/2002 09:30:49	6602	CHEESY JALAPENO TORTILLAS	1.00	3	3.00 N

Sub-Total: 30.05
 Sales Tax: 0.00
 Total: 30.05

Receipt #: 41376

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
8/19/2002 14:08:50	3010	2.5OZ CHOC. CHIP COOKIES	0.60	2	1.20 N
8/19/2002 14:08:50	3110	5.25OZ CLUB CRACKERS	1.15	2	2.30 N
8/19/2002 14:08:50	3214	CHOCOLATE FUDGE BROWNIE 3 OZ.	0.80	3	2.40 N
8/19/2002 14:08:50	4001	M&M PEANUT	0.65	3	1.95 N
8/19/2002 14:08:50	4020	PAYDAY	0.65	3	1.95 N
8/19/2002 14:08:50	4031	TWIX BAR	0.65	2	1.30 N
8/19/2002 14:08:50	4035	REESES P/BUTTER CUP	0.65	4	2.60 N
8/19/2002 14:08:50	4037	HERSHEY'S W/ALMONDS	0.65	1	0.65 N
8/19/2002 14:08:50	4038	NUTRAGEOUS BAR	0.65	1	0.65 N
8/19/2002 14:08:50	4135	JOLLY RANCHERS ASST. 3.7O	0.80	2	1.60 N
8/19/2002 14:08:50	6002	RAMAN NOODLE BEEF	0.57	4	2.28 N
8/19/2002 14:08:50	6004	RAMAN NOODLE TEXAS BEEF	0.57	3	1.71 N
8/19/2002 14:08:50	6005	RAMAN NOODLE CHILI	0.57	3	1.71 N
8/19/2002 14:08:50	6150	KEEFE 10OZ NACHO CHIPS	1.75	1	1.75 N
8/19/2002 14:08:50	6155	KEEFE 13OZ CORN CHIPS	1.75	2	3.50 N
8/19/2002 14:08:50	6160	POTATO CHIPS 6OZ BAG	1.55	1	1.55 N
8/19/2002 14:08:50	6165	BBQ CHIPS 5.5OZ.	1.55	1	1.55 N
8/19/2002 14:08:50	6310	SUMMER SAUSAGE PEPPERONI	0.90	2	1.80 N
8/19/2002 14:08:50	6519	SALT - SINGLE PACKET	0.02	15	0.30 N
8/19/2002 14:08:50	6602	CHEESY JALAPENO TORTILLAS	1.00	2	2.00 N

Sub-Total: 34.75
 Sales Tax: 0.00
 Total: 34.75

Receipt #: 41086

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
8/13/2002 14:29:32	0305	SCHICK TWIN BLADE DISPOSABLE	0.30	1	0.30 N
8/13/2002 14:29:32	0610	EXTRA STRENGTH TYLENOL 2-PK	0.70	3	2.10 N
8/13/2002 14:29:32	3110	5.25OZ CLUB CRACKERS	1.15	3	3.45 N
8/13/2002 14:29:32	3214	CHOCOLATE FUDGE BROWNIE 3 OZ.	0.80	2	1.60 N
8/13/2002 14:29:32	4000	M&M PLAIN	0.65	2	1.30 N
8/13/2002 14:29:32	4020	PAYDAY	0.65	3	1.95 N
8/13/2002 14:29:32	4035	REESES P/BUTTER CUP	0.65	2	1.30 N
8/13/2002 14:29:32	4135	JOLLY RANCHERS ASST. 3.7O	0.80	2	1.60 N
8/13/2002 14:29:32	6000	RAMAN NOODLE CHICKEN	0.57	4	2.28 N
8/13/2002 14:29:32	6002	RAMAN NOODLE BEEF	0.57	8	4.56 N
8/13/2002 14:29:32	6004	RAMAN NOODLE TEXAS BEEF	0.57	8	4.56 N
8/13/2002 14:29:32	6005	RAMAN NOODLE CHILI	0.57	4	2.28 N
8/13/2002 14:29:32	6155	KEEFE 13OZ CORN CHIPS	1.75	1	1.75 N
8/13/2002 14:29:32	6160	POTATO CHIPS 6OZ BAG	1.55	1	1.55 N
8/13/2002 14:29:32	6519	SALT - SINGLE PACKET	0.02	15	0.30 N

Sub-Total: 30.88
 Sales Tax: 0.00
 Total: 30.88

Receipt #: 40682

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
8/5/2002 22:08:14	0305	SCHICK TWIN BLADE DISPOSABLE	0.30	1	0.30 N

Name: IRWIN, CHRISTOPHER DALE
 Booking #: 02-01339
 PCP #: WCF-000703

Receipt #: 40682

Date/Time	ID Number	Description	Sellprice	Qty	Total	Taxable
8/5/2002 22:08:14	0598	ANESTHETIC ORAL GEL .5 OZ	1.60	1	1.60	N
8/5/2002 22:08:14	0610	EXTRA STRENGTH TYLENOL 2-PK	0.70	3	2.10	N
8/5/2002 22:08:14	0612	2PK ADVIL	0.70	2	1.40	N
8/5/2002 22:08:14	1010	#10 WHITE ENVELOPE	0.04	10	0.40	N
8/5/2002 22:08:14	1050	BOOK OF TEN STAMPS	4.00	1	4.00	N
8/5/2002 22:08:14	1092	BLUE PEN (PLASTIC CLIP)	0.25	1	0.25	N
8/5/2002 22:08:14	3110	5.25OZ CLUB CRACKERS	1.15	4	4.60	N
8/5/2002 22:08:14	4001	M&M PEANUT	0.65	3	1.95	N
8/5/2002 22:08:14	4020	PAYDAY	0.65	3	1.95	N
8/5/2002 22:08:14	4035	REESES P/BUTTER CUP	0.65	4	2.60	N
8/5/2002 22:08:14	4135	JOLLY RANCHERS ASST. 3.7O	0.80	2	1.60	N
8/5/2002 22:08:14	6000	RAMAN NOODLE CHICKEN	0.55	5	2.75	N
8/5/2002 22:08:14	6004	RAMAN NOODLE TEXAS BEEF	0.55	6	3.30	N
8/5/2002 22:08:14	6005	RAMAN NOODLE CHILI	0.55	6	3.30	N
8/5/2002 22:08:14	6155	KEEFE 13OZ CORN CHIPS	1.75	1	1.75	N
8/5/2002 22:08:14	6160	POTATO CHIPS 6OZ BAG	1.55	1	1.55	N
8/5/2002 22:08:14	6165	BBQ CHIPS 5.5OZ.	1.55	1	1.55	N
8/5/2002 22:08:14	6205	CASHEWS	1.25	1	1.25	N
8/5/2002 22:08:14	6300	6 GUN BEEF STICK	0.45	3	1.35	N
8/5/2002 22:08:14	6311	SLICED PEPPERONI	2.50	1	2.50	N
8/5/2002 22:08:14	6312	BEEF SUMMER SAUSAGE 3 OZ	1.20	2	2.40	N
8/5/2002 22:08:14	6519	SALT - SINGLE PACKET	0.02	15	0.30	N
8/5/2002 22:08:14	6600	FLOUR TORTILLAS 4 CT.	1.00	1	1.00	N
8/5/2002 22:08:14	6602	CHEESY JALAPENO TORTILLAS	1.00	2	2.00	N

Sub-Total: 47.75
 Sales Tax: 0.00
 Total: 47.75

Receipt #: 40331

Date/Time	ID Number	Description	Sellprice	Qty	Total	Taxable
7/29/2002 06:05:48	2081	SUGAR SINGLE PACKET	0.04	5	0.20	N

Sub-Total: 0.20
 Sales Tax: 0.00
 Total: 0.20

Receipt #: 40016

Date/Time	ID Number	Description	Sellprice	Qty	Total	Taxable
7/22/2002 14:15:37	0610	EXTRA STRENGTH TYLENOL 2-PK	0.70	1	0.70	N
7/22/2002 14:15:37	0720	FOOT POWDER	2.80	1	2.80	N
7/22/2002 14:15:37	0760	COTTON SWABS 90CT BOX	1.00	1	1.00	N
7/22/2002 14:15:37	1001	LARGE STAMPED ENVELOPE	0.47	5	2.35	N
7/22/2002 14:15:37	1091	BLACK PEN (PLASTIC CLIP)	0.25	1	0.25	N
7/22/2002 14:15:37	3010	2.5OZ CHOC. CHIP COOKIES	0.60	2	1.20	N
7/22/2002 14:15:37	3110	5.25OZ CLUB CRACKERS	1.15	2	2.30	N
7/22/2002 14:15:37	4001	M&M PEANUT	0.65	6	3.90	N
7/22/2002 14:15:37	4020	PAYDAY	0.65	4	2.60	N
7/22/2002 14:15:37	4035	REESES P/BUTTER CUP	0.65	3	1.95	N
7/22/2002 14:15:37	4039	KIT KAT	0.65	2	1.30	N
7/22/2002 14:15:37	4135	JOLLY RANCHERS ASST. 3.7O	0.80	2	1.60	N
7/22/2002 14:15:37	6000	RAMAN NOODLE CHICKEN	0.55	4	2.20	N
7/22/2002 14:15:37	6002	RAMAN NOODLE BEEF	0.55	2	1.10	N
7/22/2002 14:15:37	6004	RAMAN NOODLE TEXAS BEEF	0.55	3	1.65	N
7/22/2002 14:15:37	6005	RAMAN NOODLE CHILI	0.55	4	2.20	N
7/22/2002 14:15:37	6011	RAMEN HOT&SPICY VEGETABLE	0.55	3	1.65	N
7/22/2002 14:15:37	6155	KEEFE 13OZ CORN CHIPS	1.75	2	3.50	N
7/22/2002 14:15:37	6519	SALT - SINGLE PACKET	0.02	15	0.30	N

Sub-Total: 34.55
 Sales Tax: 0.00
 Total: 34.55

Name: IRWIN, CHRISTOPHER DALE
 Booking #: 02-01339
 PCP #: WCF-000703

Receipt #: 39705

Date/Time	ID Number	Description	Sellprice	Qty	Total Taxable
7/16/2002 13:31:17	0013	SUAVE SHAMPOO 14.5 OZ	2.40	1	2.40 N
7/16/2002 13:31:17	0400	IRISH SPRING 3.2 OZ SOAP	0.85	1	0.85 N
7/16/2002 13:31:17	0612	2PK ADVIL	0.70	3	2.10 N
7/16/2002 13:31:17	1001	LARGE STAMPED ENVELOPE	0.47	5	2.35 N
7/16/2002 13:31:17	1060	8.5 X 11 LETTER PAD WHT	0.90	1	0.90 N
7/16/2002 13:31:17	1091	BLACK PEN (PLASTIC CLIP)	0.25	1	0.25 N
7/16/2002 13:31:17	1400	BOWL W/LID	0.80	1	0.80 N
7/16/2002 13:31:17	2310	6OZ LEMONADE	1.15	2	2.30 N
7/16/2002 13:31:17	2311	6OZ GRAPE KOOL-AID	1.20	2	2.40 N
7/16/2002 13:31:17	3110	5.25OZ CLUB CRACKERS	1.15	4	4.60 N
7/16/2002 13:31:17	4001	M&M PEANUT	0.65	6	3.90 N
7/16/2002 13:31:17	4020	PAYDAY	0.65	4	2.60 N
7/16/2002 13:31:17	4035	REESES P/BUTTER CUP	0.65	3	1.95 N
7/16/2002 13:31:17	4039	KIT KAT	0.65	2	1.30 N
7/16/2002 13:31:17	4135	JOLLY RANCHERS ASST. 3.7O	0.80	3	2.40 N
7/16/2002 13:31:17	6004	RAMAN NOODLE TEXAS BEEF	0.55	10	5.50 N
7/16/2002 13:31:17	6005	RAMAN NOODLE CHILI	0.55	5	2.75 N
7/16/2002 13:31:17	6007	RAMAN NOODLE CAJUN CHICKEN	0.55	4	2.20 N
7/16/2002 13:31:17	6150	KEEFE 10OZ NACHO CHIPS	1.75	1	1.75 N
7/16/2002 13:31:17	6155	KEEFE 13OZ CORN CHIPS	1.75	2	3.50 N
7/16/2002 13:31:17	6160	POTATO CHIPS 6OZ BAG	1.55	1	1.55 N
7/16/2002 13:31:17	6312	BEEF SUMMER SAUSAGE 3 OZ	1.20	1	1.20 N
7/16/2002 13:31:17	6519	SALT - SINGLE PACKET	0.02	15	0.30 N

Sub-Total: 49.85
 Sales Tax: 0.00
 Total: 49.85

WCF
On 7-25-02 Mr Irwin requested —“neck is very stiff—need put back on Motrin.”. Mr Irwin was reminded of exercises as instructed on 7-23-02, and informed of the facility policy for obtaining Tylenol/motrin for use as needed.

On 8-21-02 Mr. Irwin again requested motrin/Tylenol by means of a formal inmate grievance form for his complaint of a headache—this was responded to on 8-22-02 by again reminding Mr. Irwin of the policy to obtain Tylenol/mortin for use as needed. For the record Mr. Irwin had money in his inmate account, and did order a large number food/snack/candy items weekly, but ordered only a total of 17 doses of Tylenol/motrin during the entire 14 weeks of his incarceration.

In summary, Mr. Irwin was seen and provided medication at least daily by the nursing staff, had an extensive negative medical work-up prior to his incarceration, and was re-evaluated by medical professionals within the facility on at least 14 additional occasions. He was instructed on and encouraged to perform exercises to help himself, and had the opportunity to obtain additional analgesics for his own use as needed. The date of event listed in his complaint is 10-17-02, and that is the date which he left the facility. There is no record of any event/occurance on that date involving Mr. Irwin.

Cheryl McGavitt R.N. Supervisor
Washington County Correctional Facility

WASHINGTON COUNTY CORRECTIONAL FACILITY REFUSED SICK CALL	
Inmate Name: <u>David Chen</u>	Date: <u>7-25-02</u>
Housing Unit: <u>34</u>	P.I.N.
Medical Staff Name:	Permanent WCP#
REASON FOR REFUSAL:	
<u>You may order Tylenol as needed for</u> <u>discomfort. You may also sign up</u> <u>with the C.O. prior to morning</u> <u>med delivery to be given a dose by</u> <u>the nurse in mornings only.</u>	
SIGNATURE: <u>CN PWS</u>	

DAY OF THE MONTH

7-16-02

0700 → 010160 1100 1100 1100 1100 1100 1100 1100 1100

8-902

$07\alpha \rightarrow$ ၁) မိမိ ၂) မိမိ၏ နားလည်မှုကို ပြောပြခြင်း

10-11-02

0.700 1/50 1/16 1/8 1/4 3/8 1/2 5/8 3/4 7/8 1 1 1/8 1 1/4 1 1/2 1 3/4 2 2 1/2 3 3 1/2 4 4 1/2 5 5 1/2 6 6 1/2 7 7 1/2 8 8 1/2 9 9 1/2 10 10 1/2 11 11 1/2 12 12 1/2 13 13 1/2 14 14 1/2 15 15 1/2 16 16 1/2 17 17 1/2 18 18 1/2 19 19 1/2 20 20 1/2 21 21 1/2 22 22 1/2 23 23 1/2 24 24 1/2 25 25 1/2 26 26 1/2 27 27 1/2 28 28 1/2 29 29 1/2 30 30 1/2 31 31 1/2 32 32 1/2 33 33 1/2 34 34 1/2 35 35 1/2 36 36 1/2 37 37 1/2 38 38 1/2 39 39 1/2 40 40 1/2 41 41 1/2 42 42 1/2 43 43 1/2 44 44 1/2 45 45 1/2 46 46 1/2 47 47 1/2 48 48 1/2 49 49 1/2 50 50 1/2 51 51 1/2 52 52 1/2 53 53 1/2 54 54 1/2 55 55 1/2 56 56 1/2 57 57 1/2 58 58 1/2 59 59 1/2 60 60 1/2 61 61 1/2 62 62 1/2 63 63 1/2 64 64 1/2 65 65 1/2 66 66 1/2 67 67 1/2 68 68 1/2 69 69 1/2 70 70 1/2 71 71 1/2 72 72 1/2 73 73 1/2 74 74 1/2 75 75 1/2 76 76 1/2 77 77 1/2 78 78 1/2 79 79 1/2 80 80 1/2 81 81 1/2 82 82 1/2 83 83 1/2 84 84 1/2 85 85 1/2 86 86 1/2 87 87 1/2 88 88 1/2 89 89 1/2 90 90 1/2 91 91 1/2 92 92 1/2 93 93 1/2 94 94 1/2 95 95 1/2 96 96 1/2 97 97 1/2 98 98 1/2 99 99 1/2 100 100 1/2 101 101 1/2 102 102 1/2 103 103 1/2 104 104 1/2 105 105 1/2 106 106 1/2 107 107 1/2 108 108 1/2 109 109 1/2 110 110 1/2 111 111 1/2 112 112 1/2 113 113 1/2 114 114 1/2 115 115 1/2 116 116 1/2 117 117 1/2 118 118 1/2 119 119 1/2 120 120 1/2 121 121 1/2 122 122 1/2 123 123 1/2 124 124 1/2 125 125 1/2 126 126 1/2 127 127 1/2 128 128 1/2 129 129 1/2 130 130 1/2 131 131 1/2 132 132 1/2 133 133 1/2 134 134 1/2 135 135 1/2 136 136 1/2 137 137 1/2 138 138 1/2 139 139 1/2 140 140 1/2 141 141 1/2 142 142 1/2 143 143 1/2 144 144 1/2 145 145 1/2 146 146 1/2 147 147 1/2 148 148 1/2 149 149 1/2 150 150 1/2 151 151 1/2 152 152 1/2 153 153 1/2 154 154 1/2 155 155 1/2 156 156 1/2 157 157 1/2 158 158 1/2 159 159 1/2 160 160 1/2 161 161 1/2 162 162 1/2 163 163 1/2 164 164 1/2 165 165 1/2 166 166 1/2 167 167 1/2 168 168 1/2 169 169 1/2 170 170 1/2 171 171 1/2 172 172 1/2 173 173 1/2 174 174 1/2 175 175 1/2 176 176 1/2 177 177 1/2 178 178 1/2 179 179 1/2 180 180 1/2 181 181 1/2 182 182 1/2 183 183 1/2 184 184 1/2 185 185 1/2 186 186 1/2 187 187 1/2 188 188 1/2 189 189 1/2 190 190 1/2 191 191 1/2 192 192 1/2 193 193 1/2 194 194 1/2 195 195 1/2 196 196 1/2 197 197 1/2 198 198 1/2 199 199 1/2 200 200 1/2 201 201 1/2 202 202 1/2 203 203 1/2 204 204 1/2 205 205 1/2 206 206 1/2 207 207 1/2 208 208 1/2 209 209 1/2 210 210 1/2 211 211 1/2 212 212 1/2 213 213 1/2 214 214 1/2 215 215 1/2 216 216 1/2 217 217 1/2 218 218 1/2 219 219 1/2 220 220 1/2 221 221 1/2 222 222 1/2 223 223 1/2 224 224 1/2 225 225 1/2 226 226 1/2 227 227 1/2 228 228 1/2 229 229 1/2 230 230 1/2 231 231 1/2 232 232 1/2 233 233 1/2 234 234 1/2 235 235 1/2 236 236 1/2 237 237 1/2 238 238 1/2 239 239 1/2 240 240 1/2 241 241 1/2 242 242 1/2 243 243 1/2 244 244 1/2 245 245 1/2 246 246 1/2 247 247 1/2 248 248 1/2 249 249 1/2 250 250 1/2 251 251 1/2 252 252 1/2 253 253 1/2 254 254 1/2 255 255 1/2 256 256 1/2 257 257 1/2 258 258 1/2 259 259 1/2 260 260 1/2 261 261 1/2 262 262 1/2 263 263 1/2 264 264 1/2 265 265 1/2 266 266 1/2 267 267 1/2 268 268 1/2 269 269 1/2 270 270 1/2 271 271 1/2 272 272 1/2 273 273 1/2 274 274 1/2 275 275 1/2 276 276 1/2 277 277 1/2 278 278 1/2 279 279 1/2 280 280 1/2 281 281 1/2 282 282 1/2 283 283 1/2 284 284 1/2 285 285 1/2 286 286 1/2 287 287 1/2 288 288 1/2 289 289 1/2 290 290 1/2 291 291 1/2 292 292 1/2 293 293 1/2 294 294 1/2 295 295 1/2 296 296 1/2 297 297 1/2 298 298 1/2 299 299 1/2 300 300 1/2 301 301 1/2 302 302 1/2 303 303 1/2 304 304 1/2 305 305 1/2 306 306 1/2 307 307 1/2 308 308 1/2 309 309 1/2 310 310 1/2 311 311 1/2 312 312 1/2 313 313 1/2 314 314 1/2 315 315 1/2 316 316 1/2 317 317 1/2 318 318 1/2 319 319 1/2 320 320 1/2 321 321 1/2 322 322 1/2 323 323 1/2 324 324 1/2 325 325 1/2 326 326 1/2 327 327 1/2 328 328 1/2 329 329 1/2 330 330 1/2 331 331 1/2 332 332 1/2 333 333 1/2 334 334 1/2 335 335 1/2 336 336 1/2 337 337 1/2 338 338 1/2 339 339 1/2 340 340 1/2 341 341 1/2 342 342 1/2 343 343 1/2 344 344 1/2 345 345 1/2 346 346 1/2 347 347 1/2 348 348 1/2 349 349 1/2 350 350 1/2 351 351 1/2 352 352 1/2 353 353 1/2 354 354 1/2

X3 day

HOURS		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
DATE TIME	07-01											V	N	P	D	S	B	K

X Story

HOURS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
-------	---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----

HOURS

HOURS

1. *Introduction*

HOURS

HOURS

[illegible]

ALLERGIES:

NKA

DATE RECEIVED: APPROVED BY:

R. PH.

FACILITY NAME

DATE _____

10-02

GNB

Irwin, Christopher

02-01339

MEDICATION ADMINISTRATION RECORD

DAY OF THE MONTH

[illegible]

REFERENCES

RECEIVED AND APPROVED BY

FACILITY NAME

346

ALLERGIES:

R. PH.

DATE _____

N/A

Truitt, Christopher
02-01339

441

MEDICATION ADMINISTRATION: 100%

DAY OF THE MONTH

MEDICATION		HOURS	
7-16-02	Zolof 50mg ipso GD	0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-1-02	Alone 250mg No Bid - 0 food x 4 day	0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-2-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-3-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-4-02	ELAVIL 25mg ipso Bid	0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-5-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-6-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-7-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-8-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-9-02		0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29
8-10-02	100 loach Rom exercise	0700	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29

PATIENT NOTES

 $\vdash W\bar{E}$

ALLERGIES

NKQ

Irvine, Christopher

02.01339

J. D.

SPW

MEDICATION ADMINISTRATION RECORD

July-02

MEDICATION	HOURS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
<i>7-1000</i> <i>Alprazolam 600mg</i> <i>PO BID x 50 days</i>	<i>0700</i>																													
<i>7-1000</i> <i>Zolofe 25mg</i> <i>PO QD x 70 days</i> <i>then ↓</i>	<i>0700</i>																													
<i>300mg</i> <i>Zolofe 50mg</i> <i>PO QD</i>	<i>0700</i>																													
<i>300mg</i> <i>Zolofe 25mg</i> <i>PO BID x 30 days</i> <i>then ↓</i>	<i>0700</i>																													
<i>300mg</i> <i>Zolofe 25mg</i> <i>PO QD x 30 days</i> <i>then ↓</i>	<i>0700</i>																													
<i>300mg</i> <i>Zolofe 25mg</i> <i>PO QD</i>	<i>0700</i>																													
<i>7-18-07</i> <i>Warm Compress to</i> <i>surc areas</i>																														
<i>7-18-07</i> <i>Metformin 600mg bid</i> <i>PO</i>																														

N/A

MEDICATION REVIEWED & APPROVED BY

FACILITY NAME

DATE

RPH

DATE

Drewen-Christopher
02-01220

Clene

WASHINGTON COMMUNITIES
WASHINGTON COUNTY PRISON CONSULT

Name: Truman Christopher D Date: 7-16-02
S.E.#: 202-54-9085 Referred By: Inmate Request
Presenting Problems: "I'm under a lot of stress I don't know if I can handle it" (Wants more meds)

Clinical Impressions: Client was cooperative and presented with adequate eye contact. He was alert and oriented x 3. Thoughts were organized and relevant, speech was spontaneous, affect was appropriate. He denied suicidal & homicidal thoughts. No previous mental health symptoms were observed during assessment. Admits to continual use of alcohol and cocaine. His only request "I need more medication for at least 1 month." His history of prescription (nervous) drug addiction.

Recommendations: No need for mental health services at this time. Second Chance Program would be appropriate
Informed: Cheryl M. Davitt R.N. nursing supervisor

Follow-up:

- ☐ Prison Counselor
- ☐ Prison Physician
- ☒ CARE
- ☐ Washington Communities
- ☐ MHPI
- ☒ Other (Specified)

Cathy Young
Signature

WASHINGTON COUNTY CORRECTIONAL FACILITY

PHYSICIAN'S ORDERS

WCP#

DATE ENTERED	TIME ORDERED	ORDERS - ORDERED BY
8/8/02		Elamul 25mg T po BID
		8-9-02 E. Delandro (Ph) [Signature]
		10-11-02 ADW 20mg
		#18 2 p.c. T.WX 3 DMS
		2 For
		ADMXIL 50mg
		#15 1 p.c. T.WX 5
		10-11-02 E. Delandro (Ph) [Signature]
		SAA
		Released 10-17-02

ALLERGIC TO:

NKA

INMATE'S NAME

Irwin, Christopher

0201339

WASHINGTON COUNTY CORRECTIONAL FACILITY

PHYSICIAN'S ORDERS

WCP#

DATE ENTERED	TIME ORDERED	ORDERS - ORDERED BY
7-10-02		<ul style="list-style-type: none"> - Ibuprofen 600mg po tid prn - Zalcit 25mg po QD x 7 days + Pen - C - 50mg po QD - Telbivudine 25mg po Bid x 3 days then QD x 3 days of DC - po QD Apreve / Macesta <p style="text-align: right;">J. L. Carter R</p>
7/11/02		<p>myLANA 2TSPK 10MIN po SO MEALS.</p> <p>no hrs.</p> <p>- He has shoulder.</p> <p style="text-align: right;">J. L. Carter R</p>
8/1/02		<p>Alve 2206</p> <p># 8 1 BID 2 POOL</p> <p>He pres</p> <p>ADM EXCESS</p> <p>8-1-02 E. Delandros PH</p> <p style="text-align: right;">DIAA</p>
8-01-02		<p>Am VIL 500mg / po Tid x 5 days</p> <p>VO PA Drushid / E Delandros PH</p>
8/2/02		<p>- DC allene</p> <p>- T. Ibuprofen 800mg TID x 7D.</p> <p>- Ulcer XRay results.</p> <p>8-2-02 E Delandros PH</p> <p style="text-align: right;">D. Aprie</p>
ALLERGIC TO: NKA		
INMATE'S NAME: J. L. Carter - Christopher 02-01339		

Allergies: 16-11-82 C/o "tooth pain" possible allergy

Date:

E. Delandino PA

Name: 10-11-02

29y / LT sore @ upper molar
x lower / ADM

① No @ upper molar - painful
to touch maxillary gum shells

② Early IMPX was histomorphology
ADMX 20 T.W x T
ADM 2 T.W x ADM x 3m
FL x ADM

JAA

Allergies: 10-11-82 C/o tooth pain "possible abscess"

Date: E. Delandres PA

Name: 10-11-82

29y / LT sore @ upper molar
x lower / worn

① No @ upper molar - painful
to touch maxillary shell

② Early IMPX was wisdom tooth
removed by T.W. & J
ADM 2 T.W. & J
FHE & dentist.

DAA

Allergies: _____

Date: 8, 9, 02

Name: _____

S: C/o neck: (R) shoulder pain
S change.

O:

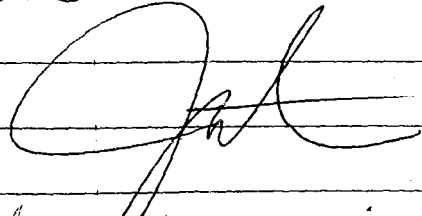
Neck - ↓ ROM

tender over Trap & spasm (mild)
and (R) neck area

Nervous - Strength / DTR's mD

A: C-Spine / Trap strain

P: Elavil 25mg BID



8-14-02 In clinic for temp last evening

0700 Temp 98.9 @ C/o 1000 T 99.2 has m/c/o

Wants to go back to prod. Will rev Temp @ 1200

Back to prod.

Victoria Gorman RN

8-21-02 Requested to see MH. "More anxious"
"need 7 pm meds" — E Delandros MD8-21-02 Refused to give patient Tylenol no Maken
at 1635 — nurse previously stated "need tylenol
for night time" — gave "Tylenol to HS med
E Delandros MD

Allergies: _____

Date: 8, 2, 02.

Name: _____

S: Pt was in MVA 7/7/02. Since then complaining of Shoulder soreness, was in AGH & had xRays done. Pt denies C spine soreness, No pain rotating head from side to side.

O: O pain to palpate C spine, T spine or L5 spine, pain in abduction of arms > 90° O Scapula or Clavicular crepitus or bony point tenderness pain in empty can & humerus impingement bilaterally, poor effort testing strength.

CV: RRR & MRLG Resp: CTAB.

A: Bilateral Trapezius Strain and Shoulder Soreness.

P: DC Naproxen

Discussed Stretching

Ilumoxin 800mg TID x 7D.

Obtain xRay results

8:00 AM He See Dr. B. Dietrich "I'm getting out in 1 week so I guess I can wait till then."
 J. B. Day

Allergies: 8-1-03 "Severe HA" Cont to C/o Shoulder

Date: June - "top of both shoulders"

Name: C/o "tooth pain" — E. Alexander PA

8/1/02 29 1/2 WJ Soreness
 Clavicle Shoulder — Numbness
 Soreness. — Numb also Rotten

Both Dmg —

① — Numb to comp muscle
 C/o's — Here — Numb neck
 Numb head — ② — paracetamol makes
 now 90% N. Should Numb head
 Nc + Traps now N. Soreness N

— N —

③ — Resonance ④ near Blue Trap Son
 Portale 220 Box 4
 ⑤ tie pain

QAA

Allergies: _____

Date: ____/____/____

Name: _____

7-23-02 - C/O sickness from MVA
 informed to crew High/Mitten on
 commissary even ADT pass
 JMD card

JJ 29/6/1 says Chen is
 more sore now than before. Also
 Mr. Allen from 2 course motion

① NO other cases of 3rd hand
 Hence Chen's 102-ry
 subjects seem R+L pectorum
 now M. arm return to R+L
 arms.

→ Soreness 2 to nonline/noncontact

P-Rom Exercises

JMD
 QAA

Allergies: _____

Date: ____/____/____

Name: _____

7-11-02 - e/o (Rt) Shoulder pain (states
both hurt, but (L) > (R)) - Abrused
scapular area to forehead day &
interact - J. M. Smith

S - 29.1. w/ in mva 4-5 days Ago - some
shoulder s- neck is on - ALB some chest.
er even NL. - absence 71"

⊙ - NAD. Alert. cog. coherent. OX3.
Good eye contact, good spontaneous speech.
neck single NAD. (+) tend both traps. no saccus
+ plethoric mude. Heart by AB-V
norm trunk 80%. Shoulder 40% Eto rot. M int rot
HARD grip M. Toe turn M. gait - M.
A < slip mva residual Soreness traps, chest
Ice BAGS / neck, mylamin
for AS need

7-13-02 1830 Still (Qo pain) @ scapula, - bruising
noted - "The per did a job" want compress gun - E. Delandis of
7-13-02 2145 - "I really need that other job. (at home)
I'm really under a lot of stress, you know why I'm here"
desired suicidal thoughts - told primary consult to
MH will be requested for him - E. Delandis of
on 7-15-02

Washington County Correctional Facility
Health Care Screening Form

Name Irwin, Christopher Allergies to Food or Medications NO
 D.O.B. 3/27/77 Age 29
 Date 7/10/02 Time 1508 PIN 02-1339 WCP 7037
 Current Health Care Insurance Provider: NO Type _____
 Location of cards _____

B.P. 148/88 P 80 R 16 T _____ Ht 6'1" Wt 207#
 Lung Sounds clear - wheez

Are you currently being treated for a health problem?

Disease	Yes	No	Disease	Yes	No
Hepatitis/cirrhosis	Yes	No	Heart Disease	Yes	No
Shortness of breath, coughing	Yes	No	Chest Pain	Yes	No
Abdominal pain	Yes	No	Asthma	Yes	No
High Blood Pressure	Yes	No	Venereal Disease (S.T.D.)	Yes	No
Tuberculosis	Yes	No	Diabetes	Yes	No
Cancer	Yes	No	Back injury mobility Problem	Yes	No
Epilepsy/Seizures/blackouts	Yes	No	Ulcers	Yes	No
A.I.D.S.	Yes	No	Other : Explain below	Yes	No

Any Past Hospitalizations? For what? yes Where? Presbyterian
 Any Past Operations? For what? No Where? _____

Suicide					
Have you ever attempted Suicide?	<input checked="" type="radio"/> Y	<input type="radio"/> N	When?	How?	
			<u>10 years</u>	<u>Shot</u>	
Have you ever considered suicide?	<input type="radio"/> Y	<input checked="" type="radio"/> N	When?	Why?	
Are you now or have you ever been treated for mental health or emotional problems?	<input checked="" type="radio"/> Y	<input type="radio"/> N	When?	Where? <u>Pittsburgh</u> — <u>ACT</u>	
				Inpatient _____	
				Outpatient _____	
				Both _____	

Are you currently on any medications? yes If, "yes" list on back.

Pharmacy _____ Location _____ Phone _____

Physician _____ Location _____ Phone _____

Physician _____ Location _____ Phone _____

Name of Medication		Use	Last filled
Med ordered for Dr. after			

Do you use drugs? WOS Date and time of last use week ago

Type Cocaine Amount _____ Frequency _____ Mode _____

Have you ever had withdrawal? NO

Do you use Alcohol? Yes Date and time of last use Saturday

Type _____ Amount _____ Frequency 1-2x wk Mode _____

Have you ever had withdrawal or D.T.s? NO

Have you had a Tetanus Shot Yes Date of last booster Recently

Observations: Describe Behavior, general appearance, conduct, obvious mental status, state of consciousness, signs of alcohol or drug withdrawal or any signs or suggestions of suicidal thought or intent. Describe below.

denies suicidal ideation

Are there any obvious physical deformities, evidence of physical abuse, or trauma/injury. Describe below:

3- scraped areas to head - top - (A) forehead & above (A) eyebrows
C/O neck pain - (B) ear bruised & generally well healed

Pain C/O top of (R) Shoulder, (R) chest & top of (L) side Back

<p>Females Only Do you have any current gynecological problems?</p> <p>Are you currently pregnant?</p> <p>Have you recently delivered?</p>	Y	N	Description
	Y	N	How many Weeks?
	Y	N	How long ago?
	Y	N	Hospital?
Glasses?	Y	<input checked="" type="radio"/>	Contacts?
	Y	<input checked="" type="radio"/>	Dentures/Plates
	Y	<input checked="" type="radio"/>	

Screeners Signature: Dr. M. S. Lallap Date: 2-10-02

Notes: Multifocal C/O pain to head neck (L) & (R)
Shoulder & top of back - apparently getting
out of day care bed - & bruising noted to torso
(B) ear & neck - to be seen at next call in AM

Nurse's Signature E. Llanthe H Date: 17-10-02 Time: 1800